834 Enrollment 2300 Segments for Eligibility Coverage Data

Common fields used in all segments:

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HD01 = "001" (change) unless the segment is closed then "024" (termination).
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HD05 = "IND"

DTP02 = "D8"

DTP01 = "348"; DTP03 = coverage begin date

DTP01 = "349"; DTP03 = coverage end date (NOTE: This segment is only used if an

end date is present.)

Medicare Coverage: (all MCCs)

HD03 = "AJ" for Medicare risk

HD04 = "Medicare Part A" | Buy-In Amount | Buy-in Payor and/or

HD04 = "Medicare Part B" | Buy-In Amount | Buy-in Payor

DTP01 = "303"; DTP02 = "D8"; DTP03 = Buy-in Date

NOTE: HD04 will have Medicare Part A (or Part B) only if it is present. The Buy-In amount, payor and date are normally the same for both Part and Part B. For consistency, one DTP01= "303" will be provided for each part.

LTC Coverage: (all MCCs)

HD03 = "LTC" for Long Term Care

HD04 = long term care provider ID

NOTE: HD01 = "001" for LTC. If the end is present, then HD01="024".

Medical Coverage: (MCO, PBM, & DBM)

HD03 = "HLT" for health

HD04 = first 11 fields in HD04 below will be populated.

Mental Health Coverage: (BHO only)

HD03 = "AK" for mental health

HD04 = all 12 fields in HD04 below

DTP01 = "303"; DTP02 = "D8"; DTP03 = last assessment date

HD04 definition for Medical and Mental Health segments:

NOTE: HD04 is a whole (non-composite) element containing a free-style character string. For "HLT" (MCO, PBM, DBM) and "AK" (BHO) at TennCare, it is understood as a 12-field string delimited by the "|" character. The 12 fields, all fixed lengths, are:

- 1. MCO ID (3 bytes)
- 2. BHO ID (3 bytes)
- 3. State Program Code (2 bytes) for HD03 = "HLT" this is the MCO program code and for HD03 = "AK" it is the BHO program code.
- 4. State Program Code (2 bytes) for HD03 = "AK" 834 only this is the MCO code. This field is blank when HD03 = "HLT".
- 5. Region Code (2 bytes)
- 6. Case number (9 bytes) (head-of-household SSN)
- 7. SP-ID (2 bytes) (2-byte, value set to 57 when program eligibility indicates pregnant presumptive eligible, otherwise empty)
- 8. Deductible Indicator (1 byte) (default to "N")
- 9. Coinsurance Pct (2 bytes) (valid values 00, 01, 02, 04, 06, 08, 10)
- 10. Benefit Indicator (1 byte) (On or after 8/1/2005 the values are A to I, prior to 8/1/2005 the values were 1 and 2.)
- 11. Eligibility sequence number (2 bytes)
- 12. Assessment Code (1 byte) (Only populated when HD03 = "AK" to pass the current CRG/TPG codes – valid values on the 834 are 0 through 9)